



## Controlled Substances Board



**WISCONSIN** | **ePDMP**

Report 6

Quarter 3

July 1 – September 30, 2018

# Contact Information

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## Wisconsin Controlled Substances Board

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Englebert, Doug, Chairperson	Department of Health Services Designated Member
Bloom, Alan, Vice Chairperson	Pharmacologist
Bellay, Yvonne M., Secretary	Department of Agriculture, Trade and Consumer Protection Designated Member
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Huck, Leonardo	Dentistry Board Representative
Kallio, Peter J.	Board of Nursing Representative
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# Introduction

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This report is being provided pursuant to ss. 961.385 (5) – (6), Wis. Stats., which requires the Controlled Substances Board (CSB) to submit a quarterly report to the Wisconsin Department of Safety and Professional Services (DSPS) about the Wisconsin Prescription Drug Monitoring Program (PDMP). This report is intended to satisfy that requirement for the third quarter of 2018 and will primarily focus on analysis of PDMP data from Q3 2018 and the preceding 12 months.

The WI PDMP was first deployed in June 2013. It is administered by DSPS pursuant to the regulations and policies established by the CSB. An enhanced system, the WI ePDMP, was launched on January 17, 2017, allowing the WI PDMP to become a multi-faceted tool in Wisconsin's efforts to address prescription drug abuse, misuse, and diversion through clinical decision support, prescribing practice assessment, communication among disciplines, and public health surveillance. Effective April 1, 2017, prescribers are required to check the WI ePDMP prior to issuing a prescription order for a monitored prescription drug, defined as controlled substance prescription drugs in Schedules II-V.

The WI ePDMP Public Statistics Dashboard (<https://pdmp.wi.gov/statistics>) provides interactive data visualizations for much of the data contained in this report, including the ability to obtain county-level detail.

## User Satisfaction

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A detailed summary of the results of the WI ePDMP user survey conducted in April 2018 was provided in the Q2 report. In brief, the survey was sent to approximately 30,000 registered healthcare professionals and had a response rate of 20%, with responses from over 6,000 users. The survey indicated that most users are satisfied with the WI ePDMP. Seventy-seven percent of respondents reported overall satisfaction with the WI ePDMP, providing responses of either "Satisfied" or "Very Satisfied."

During Q3 2018, DSPS staff have been reviewing the open-ended survey responses to identify priority areas for future WI ePDMP enhancements. Ideas proposed from WI ePDMP users via the survey and collected via general inquires to DSPS will be developed into more formal proposals for consideration and additional feedback from WI ePDMP user focus groups. Priorities and details collected from the focus group will then determine the next round of user led enhancements for the WI ePDMP.

## Impact on Referrals for Investigation

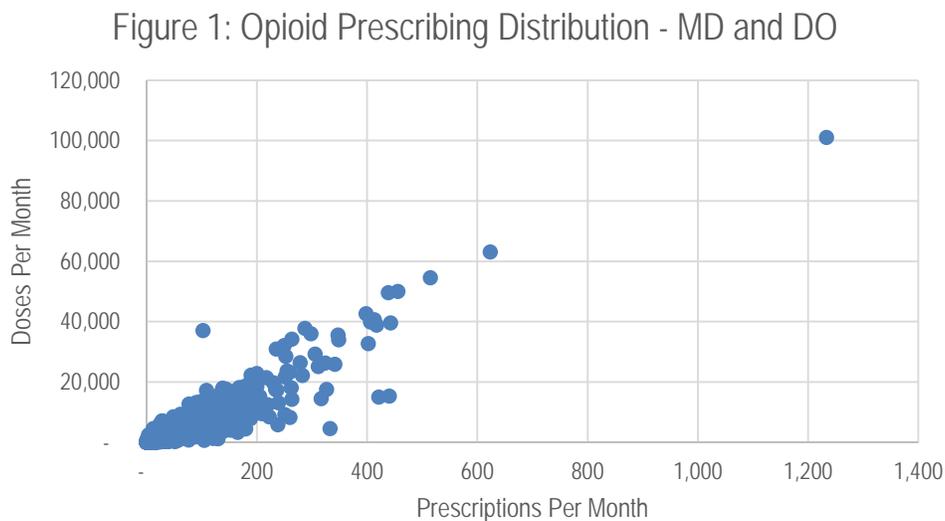
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Pursuant to s. 961.385 (2) (f) and (3) (c), Wis. Stats., the CSB may refer to the appropriate licensing or regulatory board for discipline a pharmacist, pharmacy, or practitioner who fails to comply with the rules of the Prescription Drug Monitoring Program and may disclose PDMP data to relevant state boards and agencies if circumstances indicate suspicious or critically dangerous conduct or practices of a pharmacy, pharmacist, practitioner, or patient. The CSB Referral Criteria Workgroup developed

recommendations for how the CSB could define suspicious or critically dangerous conduct or practices and presented their recommendations to the full Board.

Based on the recommendations, the Wisconsin Medical Examining Board (MEB), Dentistry Examining Board (DEB), and Board of Nursing (BON) all received summaries of the PDMP dispensing data specific to their professions at their August and September 2018 meetings. The data focused on opioid dispensing volume for the six-month time period of December 1, 2017 through May 31, 2018. The summaries took into consideration the specialty of the prescribers and provided information about the top controlled substances prescribed by the highest-volume prescribers, as well as information about the duration of the prescriptions.

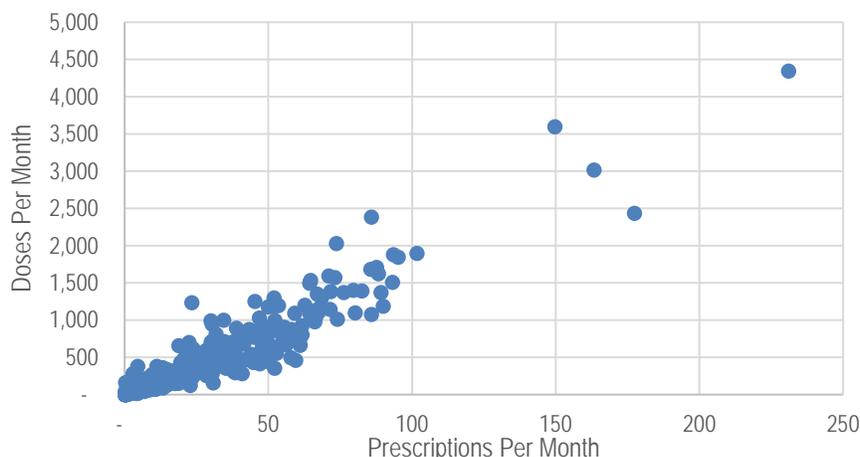
The data presented to the MEB resulted in the referral of the top seven physician prescribers based on opioid dispensing volume out of the approximately 15,000 opioid prescribers in the profession. Figure 1 below plots the distribution of physician prescribers, based on the average number of opioid prescriptions per month and the average number of opioid doses per month for the six-month period. The initial report presented to the MEB did not include physician assistant prescribers, so the MEB requested an updated report be presented at a future meeting including all physician and physician assistant prescribers.



The data presented to the DEB resulted in the referral of the top four dentistry prescribers based on opioid dispensing volume out of the approximately 3,000 opioid prescribers in the profession. Figure 2 below plots the distribution of dentistry prescribers, based on the average number of opioid prescriptions per month and the average number of opioid doses per month for the six-month period. Recognizing that opioid prescribing by dentists is unique and often falls within the exception to the requirement to review patient data in the PDMP for prescriptions lasting three days or less, the DEB also considered the WI ePDMP usage for prescribers who had prescriptions for an estimated duration of over three days. Among the highest 1% of opioid prescribers in the profession, those who had written

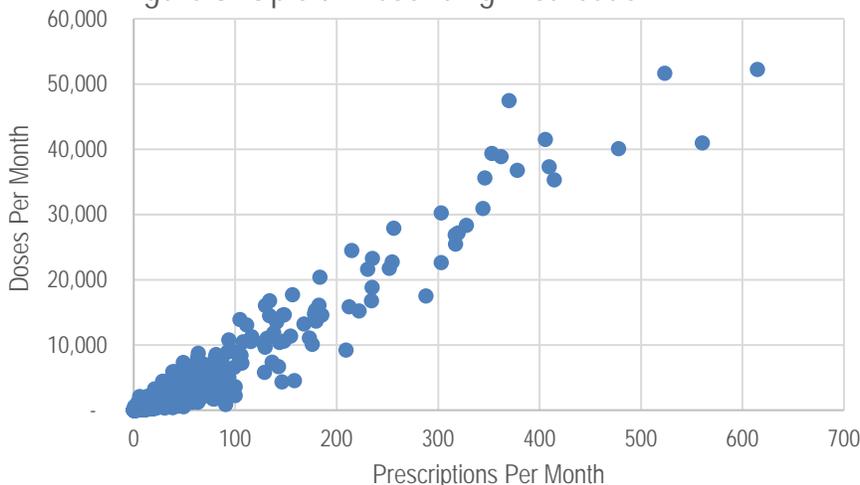
prescriptions for over three days but who had no indication of use of the WI ePDMP were also identified, which resulted in the referral of an additional 12 licensees.

Figure 2: Opioid Prescribing Distribution - DDS



The data presented to the BON resulted in the referral of the top four Advanced Practice Nurse Prescribers (APNP) based on opioid dispensing volume out of the approximately 3,700 APNPs who prescribed opioids during the six-month time period of the report. Figure 3 below plots the distribution of the prescribers, based on the average number of opioid prescriptions per month and the average number of opioid doses per month for the six-month period. The BON further requested additional targeted outreach for APNPs with an estimated WI ePDMP usage of less than 50% to educate these prescribers about the use of the PDMP and the tools available in the PDMP that can help promote safe prescribing practices.

Figure 3: Opioid Prescribing Distribution - APNP



The prescribers identified in all three professions were referred to the Division of Legal Services and Compliance at DSPS for further investigation.

# Monitored Prescription Drug Dispensing Trend

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Overall, the trend of decreased dispensing of monitored prescription drugs continues in Wisconsin. Beginning in Q1 2016, the dispensing of opioids has decreased each quarter. A similar pattern can be seen with the dispensing of benzodiazepines, which have decreased each quarter starting in Q1 2017. Dispensing of stimulants has been variable by quarter between increased and decreased dispensing; however, Q3 2018 was the second consecutive quarter of decreased dispensing.

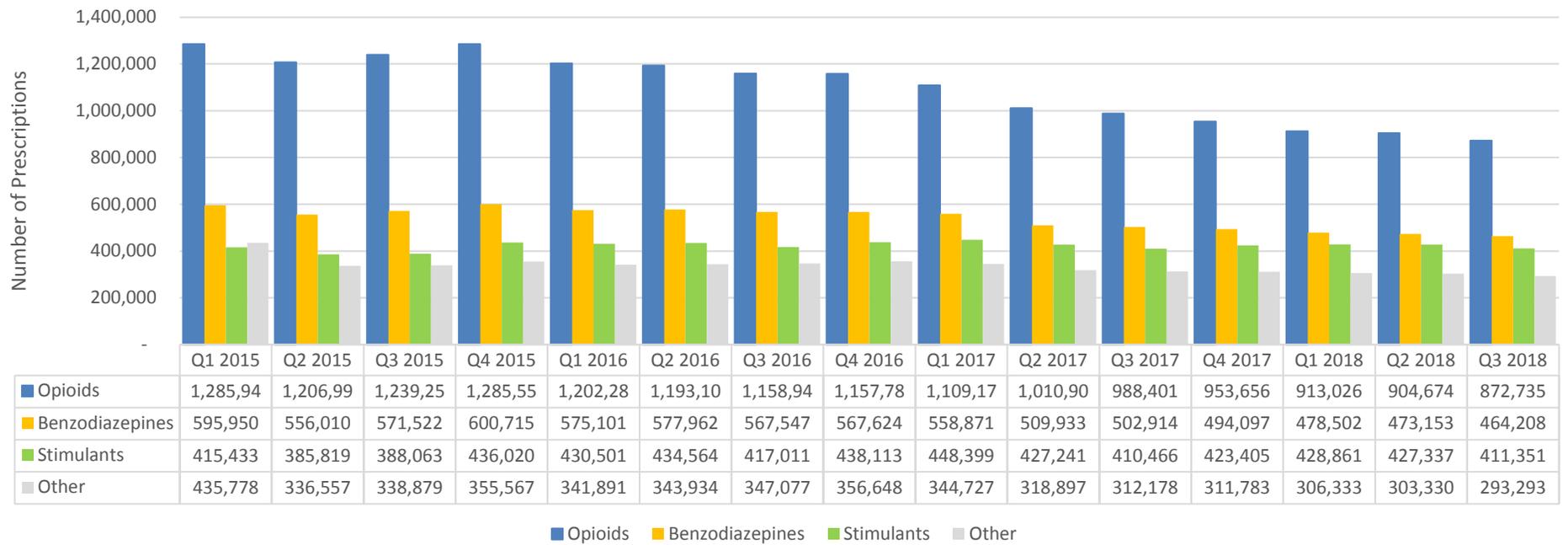
From Q2 2018 to Q3 2018 specifically, there was a 3% reduction in the number of monitored prescription drugs dispensed, a larger reduction than the previous quarter reduction of only 1%. This equates to an overall 6% reduction over the past 12 months and a 25% reduction when comparing the dispensing of monitored prescription drug dispensed in Q1 2015 to the dispensing in Q3 2018.

Opioid dispensing from Q2 2018 to Q3 2018 decreased 4%, a larger reduction than the previous quarter reduction of only 1%. This equates to a nearly 9% reduction over the past 12 months and a 32% reduction when comparing the number of opioid prescriptions dispensed in Q1 2015 to the dispensing in Q3 2018.

Benzodiazepine dispensing from Q2 2018 to Q3 2018 decreased 2%, compared to a 1% reduction in the previous quarter. This equates to an overall 6% reduction over the past 12 months and a 22% reduction when comparing the number benzodiazepine prescriptions dispensed in Q1 2015 to the dispensing in Q3 2018.

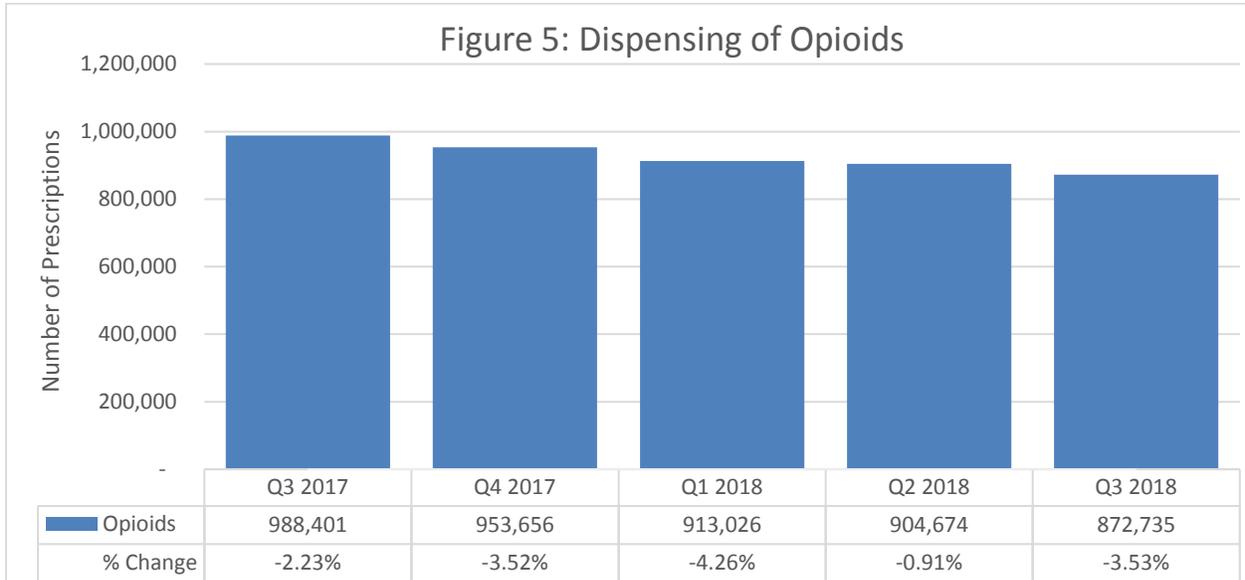
The 2015 – 2018 dispensing data per quarter by drug class can be seen in Figure 4, followed by detail for the last 12 months by drug class.

Figure 4: Dispensing of Monitored Prescriptions Drug by Quarter Q1 2015 - Q3 2018

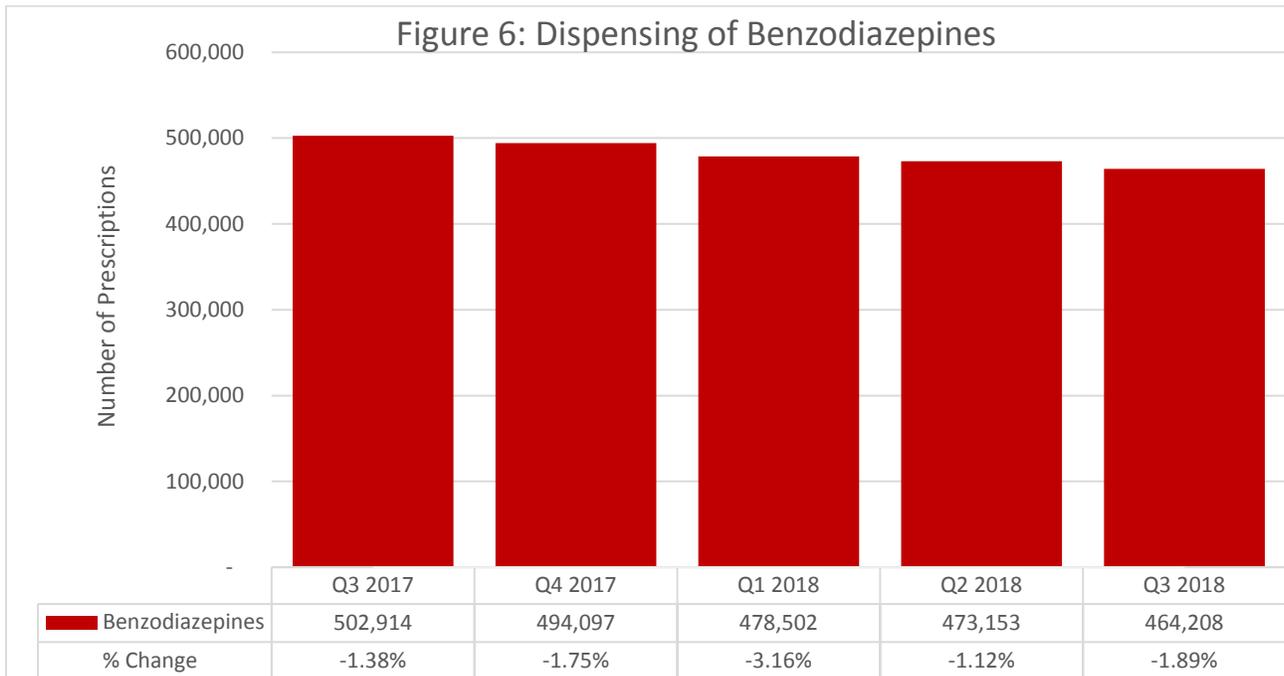


The following figures summarize dispensing by drug class for the past five quarters.

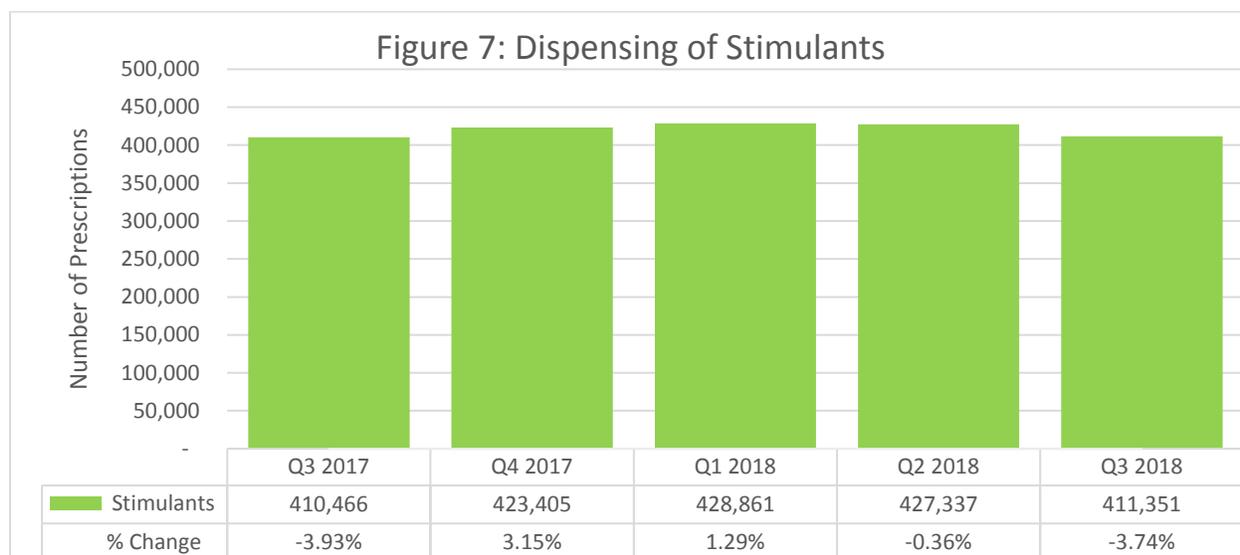
Opioids show a 4% reduction in the number of prescriptions dispensed from Q2 2018 to Q3 2018, for a total reduction of just under 9% over the past 12 months.



Benzodiazepines show a 2% reduction in the number of prescriptions dispensed from Q2 2018 to Q3 2018, for a total reduction of 6% over the past 12 months.



Dispensing of stimulants had been fluctuating between increased and decreased dispensing; however, Q3 2018 was the second consecutive quarter of decreased dispensing. There was a 4% reduction in the number of stimulant prescriptions dispensed from Q2 2018 to Q3 2018, for a total reduction of 3% over the past 12 months.



### Top 15 Dispensed Monitored Prescription Drugs

Historically there has been no change to the drugs that fall under the 15 most dispensed monitored prescription drugs, but a notable change occurred in Q3 2018. Acetaminophen with Codeine was surpassed by Buprenorphine HCl-Naloxone HCl Dihydrate (Suboxone®) as the 15<sup>th</sup> most dispensed monitored prescription drug. Buprenorphine products are one of three FDA approved medications utilized to treat opioid use disorder as part of Medication-Assisted Treatment (MAT). However, it should be noted, federal regulation 42 CFR 8 prohibits federally funded opioid treatment programs from submitting dispensing data to state PDMPs. The dispensing data in the WI ePDMP only reflects Buprenorphine HCl-Naloxone HCl Dihydrate that is dispensed by a pharmacy and does not include dispensings that occur at an opioid treatment program.

For the third consecutive quarter, the top five monitored drugs dispensed no longer included Oxycodone HCl, resulting in only two opioids in the top five monitored prescription drugs. The top 15 monitored prescription drugs dispensed make up almost 88% of the dispensing records for any given quarter.

Table 1 below shows the top 15 most dispensed monitored prescription drugs in Q3 2018 compared to Q2 2018, ranked in order of the number of prescriptions dispensed in Q3 2018. Acetaminophen with Codeine has been included for comparison purposes.

<b>Table 1: Top 15 Dispensed Monitored Prescription Drug by Dispensing</b>					
	<b>Drug Name</b>	<b>Drug Class</b>	<b>Q3 2018 Dispensing</b>	<b>Q2 2018 Dispensing</b>	<b>Percent Change</b>
1	Hydrocodone-Acetaminophen	Opioid	291,990	302,404	-3.4%
2	Amphetamine-Dextroamphetamine	Stimulant	195,811	200,080	-2.1%
3	Tramadol HCl	Opioid	173,433	177,301	-2.2%
4	Lorazepam	Benzodiazepine	145,357	147,578	-1.5%
5	Alprazolam	Benzodiazepine	141,650	144,683	-2.1%
6	Oxycodone HCl	Opioid	136,760	142,469	-4.0%
7	Clonazepam	Benzodiazepine	120,946	123,401	-2.0%
8	Zolpidem Tartrate	Other	116,097	118,841	-2.3%
9	Oxycodone w/ Acetaminophen	Opioid	93,862	99,705	-5.9%
10	Methylphenidate HCl	Stimulant	90,497	96,624	-6.3%
11	Lisdexamfetamine Dimesylate	Stimulant	89,695	92,954	-3.5%
12	Pregabalin	Other	60,395	61,079	-1.1%
13	Diazepam	Benzodiazepine	49,514	50,704	-2.3%
14	Morphine Sulfate	Opioid	45,516	47,594	-4.4%
15	Buprenorphine HCl-Naloxone HCl Dihydrate	Opioid	39,374	37,886	+3.9%
15 (Q2)	<i>Acetaminophen w/ Codeine</i>	<i>Opioid</i>	<i>36,571</i>	<i>38,297</i>	<i>-4.5%</i>

Table 2 below shows the top 15 most dispensed monitored prescription drugs in Q3 2018 compared to Q2 2018, ranked in order of total quantity of pills or doses dispensed in Q3 2018, rather than number of prescription orders filled. Three of the top five monitored prescription drugs remain opioids. When measured by the number of doses rather than the number of prescriptions, Acetaminophen with Codeine remains in the top 15. Buprenorphine HCl-Naloxone HCl Dihydrate has been included in Table 2 for comparison purposes.

<b>Table 2: Top 15 Dispensed Monitored Prescription Drug by Pill (Dose) Volume</b>					
	<b>Drug Name</b>	<b>Drug Class</b>	<b>Q3 2018 Pill (Dose)</b>	<b>Q2 2018 Pill (Dose)</b>	<b>Percent Change</b>
1	Hydrocodone-Acetaminophen	Opioid	15,012,191	15,644,994	-4.0%
2	Tramadol HCl	Opioid	11,761,855	12,151,554	-3.2%
3	Oxycodone HCl	Opioid	9,916,310	10,626,154	-6.7%
4	Amphetamine- Dextroamphetamine	Stimulant	9,343,160	9,504,935	-1.7%
5	Alprazolam	Benzodiazepine	7,877,611	8,083,704	-2.5%
6	Clonazepam	Benzodiazepine	6,820,059	7,103,065	-4.0%
7	Lorazepam	Benzodiazepine	6,598,163	6,856,844	-3.8%
8	Oxycodone w/ Acetaminophen	Opioid	6,201,914	6,593,367	-5.9%
9	Pregabalin	Other	4,440,822	4,483,321	-0.9%
10	Methylphenidate HCl	Stimulant	4,183,438	4,419,971	-5.4%
11	Zolpidem Tartrate	Other	3,877,500	3,947,508	-1.8%
12	Lisdexamfetamine Dimesylate	Stimulant	2,807,524	2,900,347	-3.2%
13	Morphine Sulfate	Opioid	2,626,289	2,782,590	-5.6%
14	Diazepam	Benzodiazepine	1,956,016	2,038,674	-4.1%
15	Acetaminophen w/ Codeine	Opioid	1,547,412	1,609,476	-3.9%
16	<i>Buprenorphine HCl-Naloxone HCl Dihydrate</i>	<i>Opioid</i>	<i>1,281,850</i>	<i>1,255,298</i>	<i>+2.1%</i>

# Data-Driven Alerts

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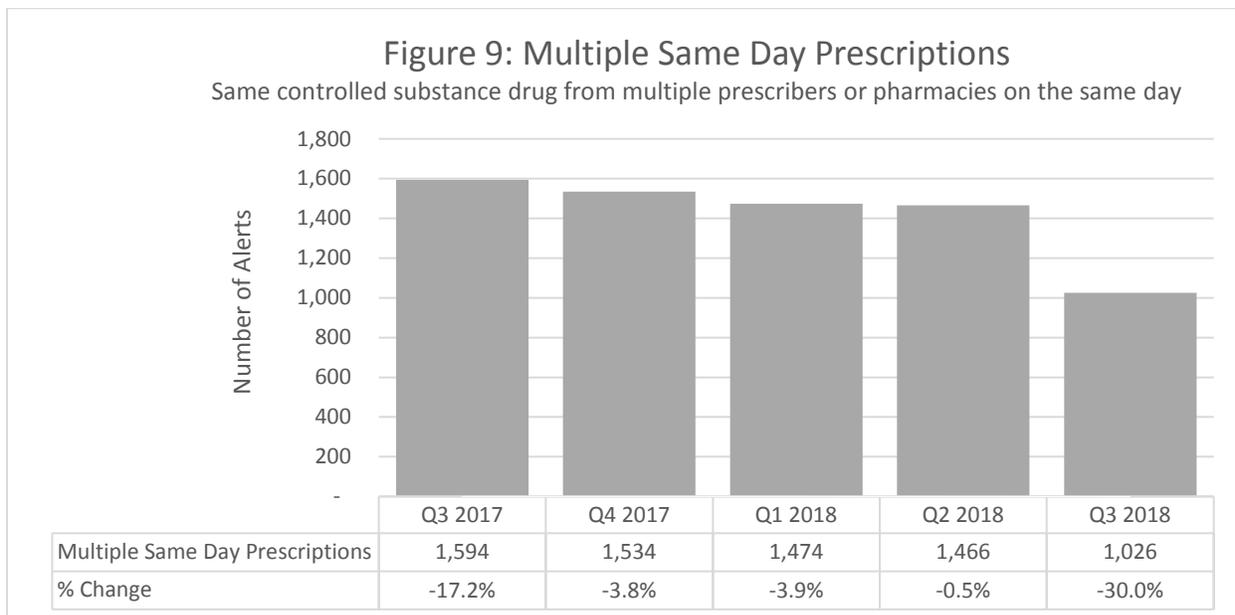
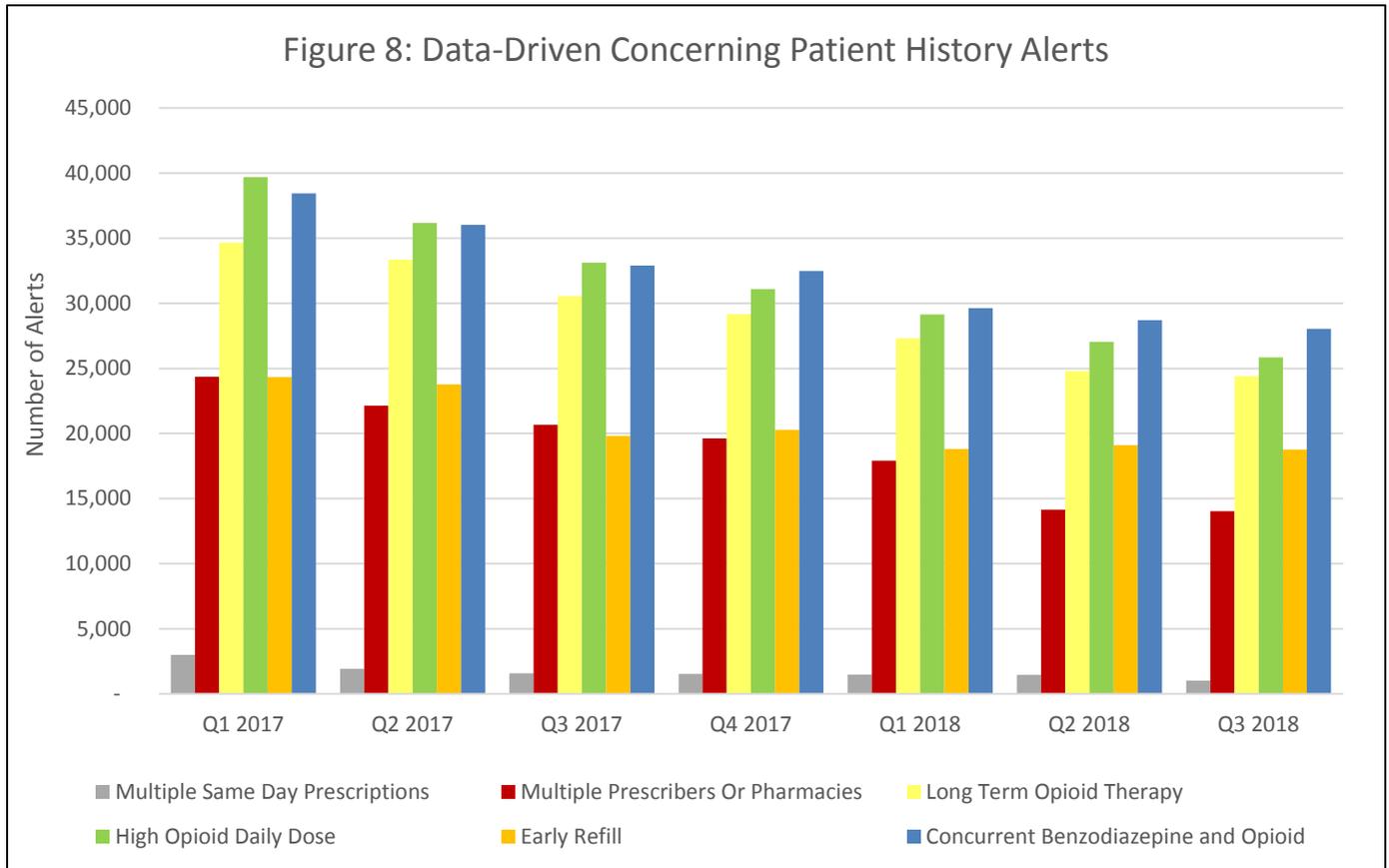
The WI ePDMP application uses sophisticated data analytics to assess a patient's monitored prescription drug history. Analytics are performed on the prescription history to identify and alert WI ePDMP users to potential indications of abuse, diversion, or overdose risk, such as high morphine milligram equivalent doses, overlapping benzodiazepine and opioid prescriptions, and multiple prescribers or dispensers.

The 6 types of concerning patient history alerts are:

1. **Multiple Prescribers or Pharmacies Alert**, which indicates that the patient has obtained prescriptions from at least 5 prescribers or 5 pharmacies within the previous 90 days. The 5 prescribers or dispensers may be associated with the same clinic, practice or location, but the WI ePDMP still views them as separate prescribers/dispensers. This alert is not a direct indication of doctor shopping, simply a flag for further inspection of the dispensing history.
2. **Long-Term Opioid Therapy with Multiple Prescribers Alert**, which indicates when a patient has been prescribed at least 1 opioid prescription from 2 or more prescribers for 90 or more days.
3. **Early Refill Alert**, which indicates when a patient has refilled a controlled substance prescription 2 or more days earlier than the expected refill date based on the estimated duration of the prescription calculated and reported by the pharmacy.
4. **High Current Daily Dose of Opioids Alert**, which indicates when a patient's active current prescriptions are estimated to provide a daily dose of opioids that exceeds 90 morphine milligram equivalent (MME).
5. **Concurrent Benzodiazepine and Opioid Prescription Alert**, which indicates when a patient's active current prescriptions include both an opioid and a benzodiazepine.
6. **Multiple Same Day Prescriptions Alert**, which indicates when a patient has received the same controlled substance drug from multiple prescribers or pharmacies on the same day.

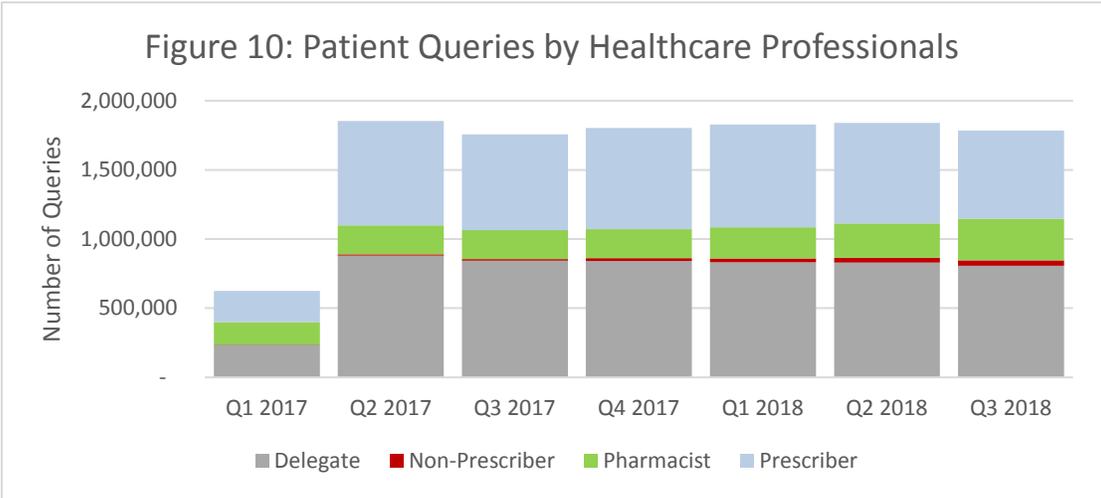
Overall, there was a nearly 17% reduction in the number of concerning patient history alerts over the last 12 months. All alert types declined between 1-5% from the previous quarter, apart from Multiple Same Day Prescriptions, which declined 30% from the previous quarter. The Multiple Same Day Prescription alerts account for the smallest portion of alerts for any given quarter.

Among higher volume alerts, High Opioid Daily Dose alerts decreased by 4%, Concurrent Benzodiazepine and Opioid alerts decreased by 2%, and Multiple Prescribers or Pharmacies, or “doctor shopping,” alerts decreased by just under 1%.

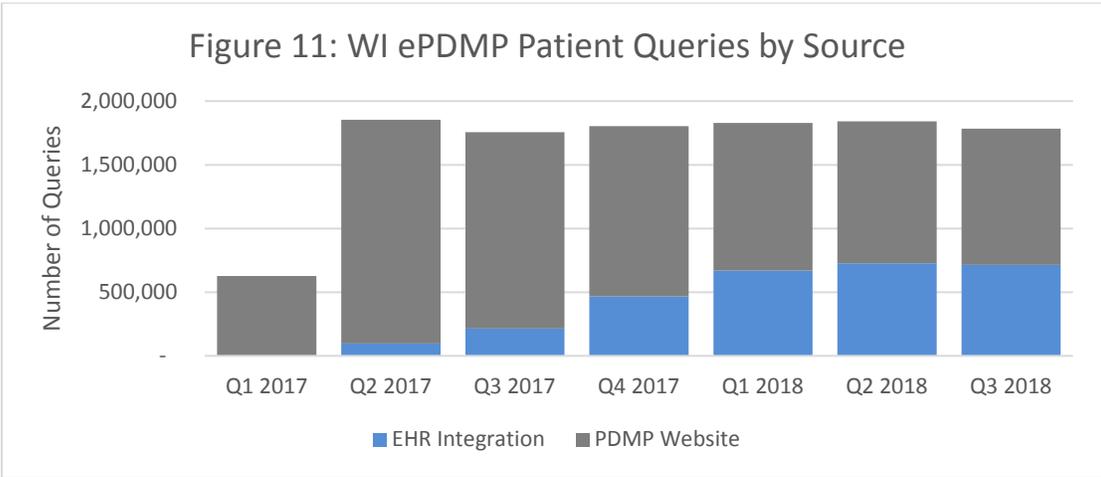


# Disclosure of PDMP Data

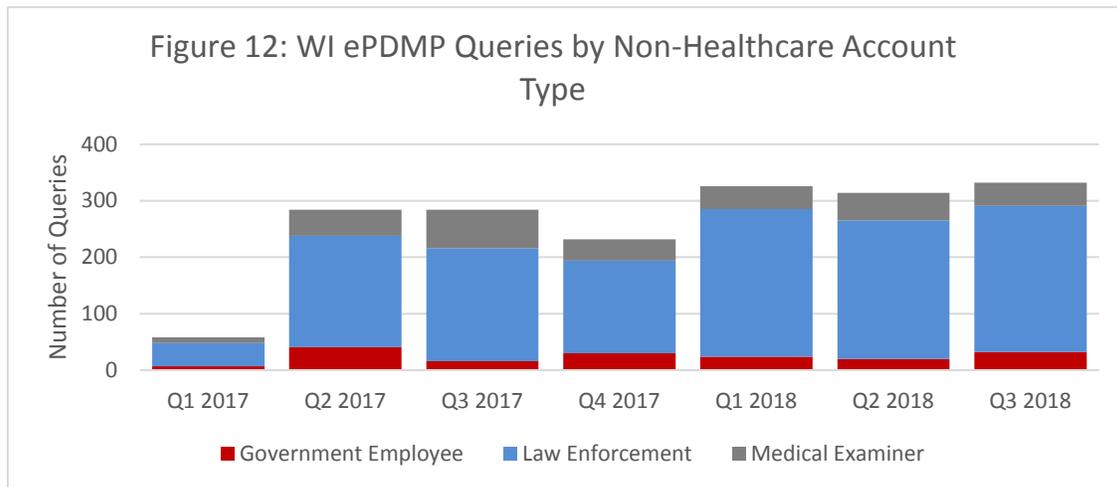
Between July 1 and September 30, 2018, healthcare users made a total of 1,783,813 patient queries. Breaking down the queries by user type shows that 45% of the queries were performed by delegates of prescribers or pharmacists, 36% were performed by prescribers, 17% by pharmacists, and 2% by other non-prescribing healthcare professionals.



As of September 30, 2018, healthcare professionals from fourteen health systems in Wisconsin have one-click access to the PDMP from within their EHR platform. In Q3 of 2018, 40% of patient queries were through the direct EHR integration, consistent with the previous quarter.



Authorized individuals from non-healthcare groups made 332 requests for PDMP data in Q3 of 2018, which was a slight increase from the 314 requests made in Q2 2018.

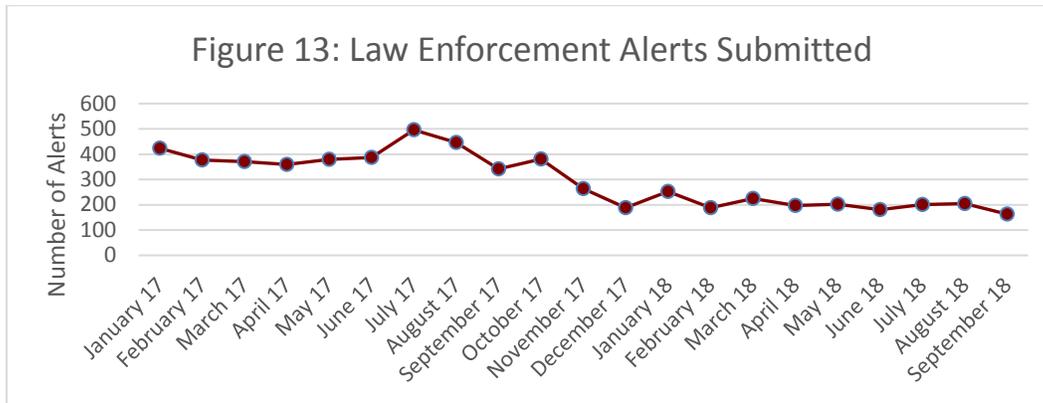


## Law Enforcement Reports

Between July 1 and September 30, 2018, Wisconsin law enforcement agencies reported 568 events to the WI ePDMP as required by s. 961.37 (3) (a), Wis. Stat. The law requires the agencies to submit a report in each of the following situations:

1. When a law enforcement officer receives a report of a stolen controlled substance prescription.
2. When a law enforcement officer reasonably suspects that a violation of the Controlled Substances Act involving a prescribed drug is occurring or has occurred.
3. When a law enforcement officer believes someone is undergoing or has immediately prior experienced an opioid-related drug overdose.
4. When a law enforcement officer believes someone died as a result of using a narcotic drug.

There is no requirement for law enforcement agencies to submit their reports within a certain timeframe after the date of the event. Outreach for law enforcement agencies is ongoing as part of an effort to increase awareness of the requirement to submit to the PDMP and the value of the PDMP notifying the prescribers of the events for patients to whom they prescribe.



In 2018 the distribution of submission by report type remains consistent with the 2017 report type distribution:

- 38% of the reports submitted were reports of stolen controlled substance prescriptions
- 26% of the reports submitted were suspected violations of the Controlled Substances Act
- 31% of the reports submitted were suspected non-fatal opioid-related overdose events, and
- 4% of the reports submitted were suspected narcotic-related deaths.

# Summary

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The third quarter of 2018 shows a continuation of the encouraging decline in the number of monitored prescription drugs dispensed in Wisconsin and data-driven alerts generated by the WI ePDMP. The dispensing of opioids and benzodiazepines continues to decline each quarter, and stimulants have decreased in dispensing for two consecutive quarters.

Number of controlled substance prescriptions in Q3 2018 compared to Q1 2015:

- 25% decrease in the total number of monitored prescription drugs dispensed, which is over 690,000 fewer prescriptions
  - 32% decrease in the number of opioid prescriptions dispensed, which is over 413,000 fewer prescriptions
  - 22% decrease in the number of benzodiazepine prescriptions dispensed, which is over 131,700 fewer prescriptions
  - Considerable fluctuation stimulant prescriptions dispensed

Number of controlled substance prescriptions in past 12 months:

- Nearly 7% decrease in the total number of monitored prescription drugs dispensed, which is over 141,000 fewer prescriptions
  - Almost 9% decrease in the number of opioid prescriptions dispensed, which is over 80,900 fewer prescriptions
  - 6% decrease in the number of benzodiazepine prescriptions dispensed, which is over 29,800 fewer prescriptions
  - 3% decrease in the number of stimulants prescriptions dispensed, which is over 12,000 fewer prescriptions

Notable trends for Q3 2018:

- The top 15 monitored prescription drugs now includes a buprenorphine product. Dispensing of Buprenorphine HCl-Naloxone HCl Dihydrate (Suboxone®) increased by 4% over the previous quarter, surpassing Acetaminophen with Codeine in number of prescription order dispensed. Buprenorphine products are one of three medications commonly used as part of Medication-Assisted Treatment (MAT) for opioid use disorder.
- All six types of data-driven concerning patient history alerts continue to decline in frequency.

Additional detail about the WI ePDMP data, including county-level detail for many of the charts, can be found on the WI ePDMP Public Statistics Dashboard (<https://pdmp.wi.gov/statistics>) under the corresponding tabs of Controlled Substance Dispensing, PDMP Utilization, and Law Enforcement Alerts.